



Opioid Stewardship Program (OSP) Quickinar Series

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Thursday, October 21, 2021

Judy's Story



“You never expect that you’re going to lose a child. It’s all out of order.”

-Judy

<https://www.cdc.gov/rxawareness/stories/judy.html>

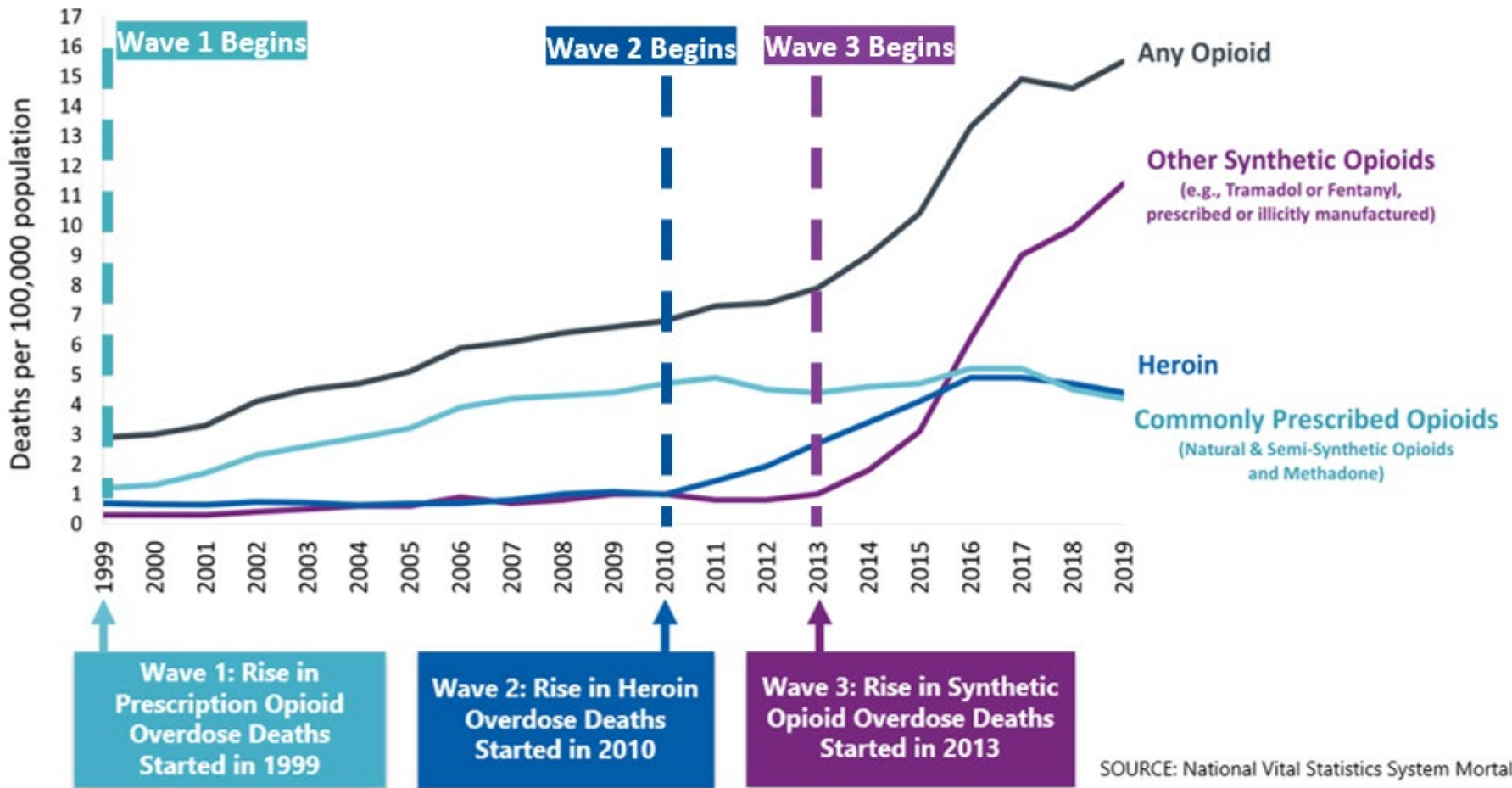
Poll Question

Do you know someone who has struggled with opioid use?

A. Yes

B. No

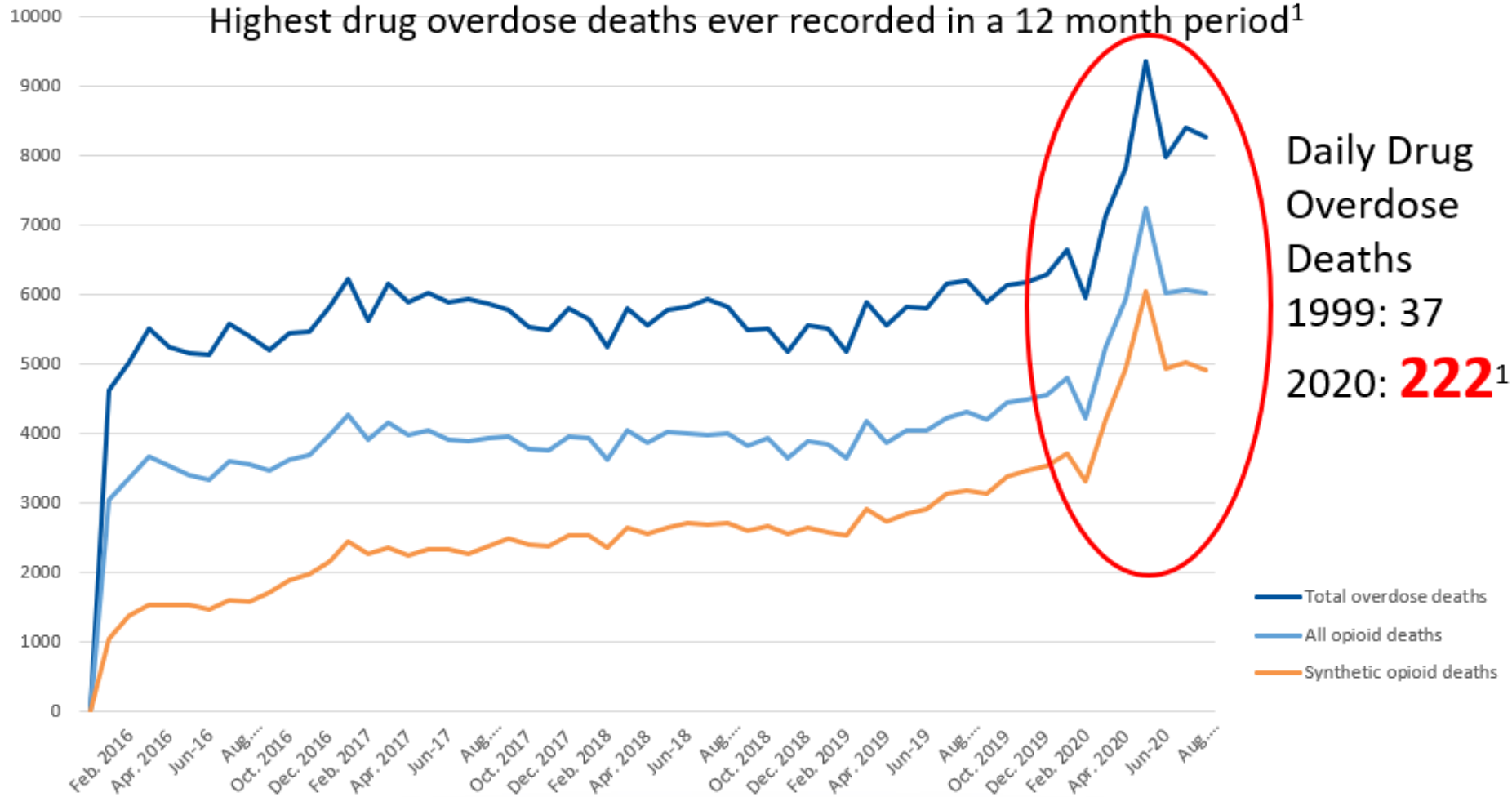
Three Waves of the Rise in Opioid Overdose Deaths



The Opioid Crisis and the COVID-19 Pandemic

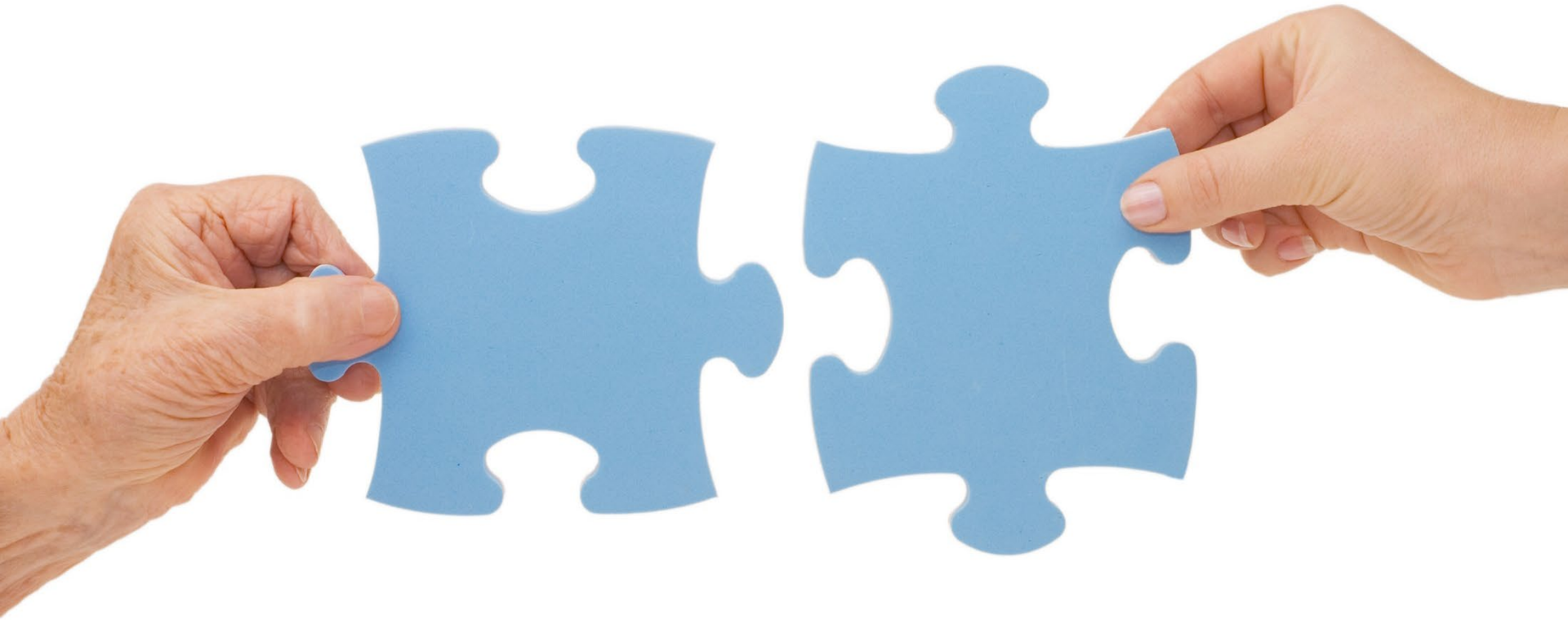
Monthly Opioid Overdose Deaths –

Highest drug overdose deaths ever recorded in a 12 month period¹



What is Opioid Stewardship?

- Challenge: What can you do?



Stewardship → Antibiotic Stewardship → Opioid Stewardship

Stewardship	Antibiotic Stewardship	Opioid Stewardship
The job of supervising/taking care of something. ¹	A coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multi-drug-resistant organisms. ¹	Coordinated interventions designed to improve, monitor, and evaluate the use of opioids in order to support and protect human health. ¹

“The commitment to safe prescribing so that the **right patient** receives the **right opioid** for the **right indication**, the **right duration**, and the **right dose** of treatment.”²

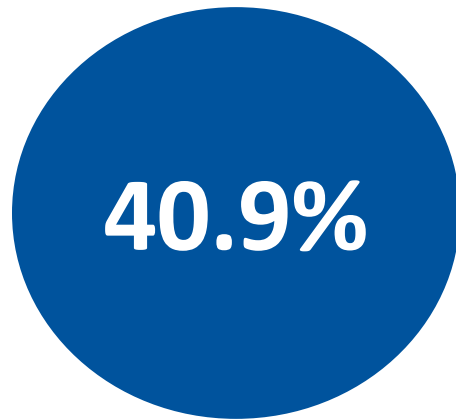
Holly L. Geyer, MD, Mayo Clinic

Multiple Choice Question

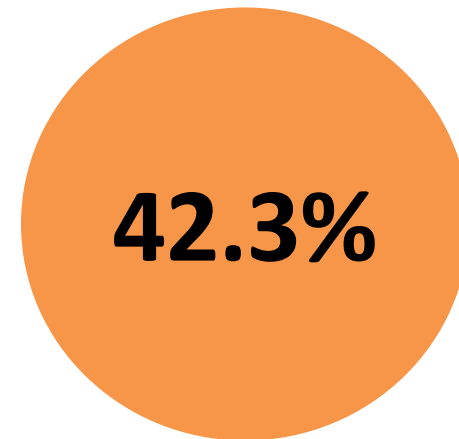
- What percentage of hospitals in the United States have an opioid stewardship program?
 - A. 75%
 - B. 60%
 - C. 50%
 - D. 40%
 - E. 30%

Opioid Stewardship Activities in Health Systems Currently

Hospitals with OSP (2018)



Academic Medical Centers with OSP (2018)



Opioid Stewardship was defined as one activity.
How long are we working on just one element of opioid stewardship?

Our Opioid Stewardship Program Journey



Your QIO is always here to support as you navigate your self-directed path.


- 1** **Step One:** *OSP Assessment*—11 questions identifying current level of implementation
- 2** **Step Two:** *“Quickinar” sessions*—to review each element of opioid stewardship
- 3** **Step Three:** *Develop Action Plan*—identify strategies to help implement elements of opioid stewardship
- 4** **Step Four:** *Implement Action Plan*—utilize tactics, strategies, and resources provided by HSAG




Register for Quality Improvement Innovation Portal (QIIP) Access

Registration form instructions:


1. Download form
2. Complete Facility information 
3. Include staff you wish to have access to data portal 
4. Email completed form to QIIP@hsag.com



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HEALTH SERVICES ADVISORY GROUP



HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form

The Health Services Advisory Group (HSAG) QIIP is your centralized place for information in support of the quality initiatives and activities which you are working on with HSAG to achieve the Centers for Medicare & Medicaid Services (CMS) national goals. CMS' goals include increasing quality scores, improving infection prevention, decreasing opioid misuse, preventing adverse drug events, improving quality of care transitions, preventing avoidable readmissions, and utilizing data reports to drive improvement.

To get access the QIIP, fill out the short form below to designate your QIIP Administrator(s). Return this completed form via email to qiip@hsag.com

The QIIP Administrator(s) will have the following rights:

- Access to performance reports and dashboards.
- Complete assessment forms.
- Upload/submit data.
- Add, edit, and remove users within the application.
- Attest to the completion of activities.

Facility Information

Please type your information below, including the facility CMS Certification Number (CCN). Add additional rows to the tables as needed if your organization has more than one facility.

Indicate Facility Type: Nursing home Hospital

CCN	Facility Name	City	State

Administrator(s) Information

To designate your HSAG QIIP Administrator(s), please complete the table below. HSAG recommends having at least two staff members assigned to the Administrator role per facility so there is no lapse in Administrator coverage.

CCN(s)	First Name	Last Name	Title	Email Address	Phone Number

You can find additional, detailed QIIP instructions in the QIIP User Guide, available at: <https://www.hsag.com/globalassets/qiipusersguide.pdf>

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<https://bit.ly/qiipform>



Quality Improvement Innovation Portal

 Assessments	 Reports	 Performance Dashboards	 Interventions	 Data Submission
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- Acute Opioids
- ED Opioids
- Acute ADE
- Acute Care Transitions
- ED Care Transitions

Opioid Stewardship Program (OSP) Implementation

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including, but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC), National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select the level of implementation status on the right for each assessment item.

Download Assessment

To understand the rationale and references for each question, click [here](#).

A. Commitment

<https://qiip.hsag.com>

D. Education and Expertise

Open Response

Cancel Save

OSP “Quickinar” Series Homepage

- Access session recordings and materials
- Register for all remaining sessions
- Direct link to QIIP data portal

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Opioid Stewardship Program Quickinar Series

Join the cohort of dedicated healthcare teams as Health Services Advisory Group (HSAG) hosts an action-based “quickinar” series to provide tactics, strategies, and information needed for a successful Opioid Stewardship Program (OSP).

- Complete an opioid stewardship gap assessment
- Identify and implement best practices; Track your progress
- Access tools and resources on the HSAG OSP webpage

✓ Register for the entire OSP “Quickinar” series today!
bit.ly/OpioidStewardshipProgramQuickinars

1. OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format
Thursday, October 21, 2021 | 10:30–11:00 a.m. PT
More information coming soon.
2. OSP Assessment Overview
3. Interpreting the OSP Assessment Results/Developing an Action Plan
4. Developing a Dashboard
5. Screening Patients for OUD Risk and Opioid Withdrawal

Secure Data Portal

Access Form

Who Should Attend:

- Acute Care Inpatient Departments
- Emergency Departments
- Post-Acute Care Providers

Opioid Stewardship Assessments

Download hard copy versions:

- Emergency Department OSP Assessment
- Acute Care Provider OSP Assessment
- Skilled Nursing Facility (SNF) Pain

October 21, 2021 OSP Quickinar

<https://www.hsag.com/osp-quickinars>

OSP “Quickinar” Schedule: Mark Your Calendars

OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format

Thursday, October 21, 2021 | 10:30–11:00 a.m. PT

Partnering with Pharmacists for ongoing Medication Management

Thursday, February 10, 2022 | 10:30–11:00 a.m. PT

OSP Assessment Overview

Thursday, October 28, 2021 | 10:30–11:00 a.m. PT

Double Trouble: Benzos and Opioids Harm Reduction with Naloxone

Thursday, March 10, 2022 | 10:30–11:00 a.m. PT

Interpreting the OSP Assessment Results/Developing an Action Plan

Thursday, November 18, 2021 | 10:30–11:00 a.m. PT

MAT: Prescribing Buprenorphine

Thursday, April 14, 2022 | 10:30–11:00 a.m. PT

Developing a Dashboard

Thursday, December 9, 2021 | 10:30–11:00 a.m. PT

Getting Patient Buy-in through Education

Thursday, May 12, 2022 | 10:30–11:00 a.m. PT

Screening Patients for OUD Risk and Opioid Withdrawal

Thursday, January 13, 2022 | 10:30–11:00 a.m. PT

Reevaluating Your Program and Celebrating Success

Thursday, May 26, 2022 | 10:30–11:00 a.m. PT

A Good Discharge Plan for Pain Management with Opioids

Thursday, January 27, 2022 | 10:30–11:00 a.m. PT

Register for the entire OSP “Quickinar” series today!

bit.ly/OpioidStewardshipProgramQuickinars



Our Next “Quickinar”

OSP Assessment Overview October 28, 2021 | 10:30 a.m. PT

<https://bit.ly/OpioidStewardshipProgramQuickinars>

Opioid Stewardship Program (OSP) Implementation

Acute Care Provider OSP Assessment



Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including, but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. Your facility has an OSP leadership team in place with representatives from various departments and disciplines (e.g., administration, emergency department, informatics, surgery, pharmacy, internal medicine, behavioral health, case management). ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your facility has a workflow that facilitates required Prescription Drug Monitoring Program (PDMP) review for discharging providers prescribing opioids. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your facility utilizes Enhanced Recovery After Surgery (ERAS) protocols (such as in areas like perioperative, inflammatory, musculoskeletal, and neuropathic injury settings). ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your facility provides treatment for opioid withdrawal. ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Action					
5. Your facility has an established method to identify patients who may require OUD treatment (e.g., opioid risk tool, single screening questions, clinical opiate withdrawal scale [COWS] score). ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your facility refers for medication-assisted treatment (MAT)/substance use disorder treatment (i.e., buprenorphine or methadone in combination with behavioral health therapies). ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“The OSP assessment helped us identify a gap we weren’t even aware of”
-CAH Director of Quality

“Great rationales and references at the end of the assessment to further guide the team”
-System Lead Pharmacist

To Do's by Next Thursday (10/28/2021)

1

Ensure you have QIIP access |
<https://qiip.hsag.com>

2

Pull up the OSP Assessment on the QIIP to
familiarize yourself with the document.

3

Invite colleagues to register for the entire
“Quickinar” series.

There is Hope...Meet David



“There is a way out of addiction. You don’t have to do this alone.”

-David

<https://youtu.be/KEp-OCORxJs>

Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing opioid stewardship practices.



Thank you!

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Disclaimer

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

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